

GOVERNOR' S OFFICE OF CONSUMER AFFAIRS
Health Spa Change of Ownership Form

*Please complete the following information form and attach a copy of the contract to be used by your facility.
Return this completed form, along with your contract, to: Governor's Office of Consumer Affairs, 2 Martin Luther King, Jr. Drive SE, Suite 356, Atlanta, Georgia 30334-4600.*

1. Current business name: _____

Address of facility: _____

Phone number: () _____

2. Former business name: _____

3. Name(s) of previous owner(s): _____

4. Date of sale/transfer to current owner: _____

5. Check and complete either *a, b* or *c* regarding current owner:

a) Corporation: _____

Name of corporation: _____

Tax identification number: _____

Registered agent: _____

Registered address: _____

Phone number: () _____ Fax number: () _____

E-mail address: _____

b) Partnership: _____

Name of partnership: _____

Tax identification number: _____

(List all partners, using a separate sheet if additional space is needed.)

Partner' s name _____ Partner' s name _____

Office address _____ Office address: _____

Office phone number: () _____ Office phone number: () _____

Fax number: () _____ Fax number: () _____

E-mail address: _____ E-mail address: _____

Alternate address: _____ Alternate address _____

Alt. phone number: () _____ Alt. phone number: () _____

c) Sole ownership: _____ (If multiple owners, identify the required information for each owner.)

Name of owner: _____

Social Security number: _____

Office address: _____

Office phone number: () _____ Fax number: () _____

Home address: _____

Home phone number: () _____ E-mail address: _____

5. Name, address and telephone number of bank/ trust company where business account is housed:

6. Name of person completing this form: _____

7. Title of person completing this form: _____

Please read the following information, sign the statement below, have your signature notarized and return this form, along with the contract form you will be using, to the Governor's Office of Consumer Affairs.

I, _____ (printed name), hereby swear that the information provided herein is true, complete and accurate to the best of my knowledge and belief, and that I shall notify the Governor's Office of Consumer Affairs immediately in writing upon any changes in the information contained herein.

Signature: _____

Title: _____

Federal tax ID number: _____

Date: _____

Sworn to and subscribed before me

this the _____ day of _____, _____.

Notary Public

My commission expires:

Document checklist for enclosure if you are reporting a change of ownership:

- ☐ Current contract
- ☐ Change of Ownership Form
- ☐ Verification of Health Spa File Information sheet (blank)